

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | |
|-------------------------------|----------------------|
| Application Number | 10/673,958 |
| Filing Date | 29 Sep 2003 |
| First Named Inventor | Jones IV, Vincent K. |
| Group Art Unit | 2616 |
| Examiner Name | Alexander O. Boakye |
| Attorney Docket Number | CISCO-8280 |

ENCLOSURES (check all that apply)

| | | |
|--|---|---|
| <input type="checkbox"/> Fee Being paid (EFS/Credit card) | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Response | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> <input type="checkbox"/> After Final | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> To Convert a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Additional Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Return Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Small Entity Statement | <input checked="" type="checkbox"/> Remarks |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request of Refund | <input type="checkbox"/> |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT/ CORRESPONDENCE ADDRESS

| | |
|----------------------------|-------------------------------|
| Firm or Individual name | Dov Rosenfeld, Reg. No. 38687 |
| Signature | /Dov Rosenfeld/ #38687 |
| Date | November 8, 2007 |

ADDRESS FOR CORRESPONDENCE

| | |
|-------------------------------|--|
| Firm or Individual name | Dov Rosenfeld 5507 College Avenue, Suite 2, Oakland, CA 94618, Tel: 510-547-3378 |
|-------------------------------|--|

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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|---|---|
| Applicant(s): Jones IV, <i>et al.</i> Application No.: 10/673,958 Filed: September 29, 2003 Title: DIFFERENTIAL OFDM USING MULTIPLE RECEIVER ANTENNAS | Group Art Unit: 2616 Examiner: Alexander O. Boakye |
|---|---|

TRANSMITTAL: RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

Transmitted herewith is a response to an office action for the above referenced application.

X Applicant(s) believe(s) that no Extension of Time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for an extension of time.

If an additional extension of time is required, please consider this as a petition therefor.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0292 (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):

X Any missing filing fees required for any reason, e.g., under 37 CFR 1.16 for presentation of additional claims.

X Any missing extension or petition fees required under 37 CFR 1.17.

Respectfully Submitted,

November 8, 2007

Date

/Dov Rosenfeld/ #38687

Dov Rosenfeld, Reg. No. 38687

Address for correspondence:
Dov Rosenfeld
5507 College Avenue, Suite 2,
Oakland, CA 94618
Tel. 510-547-3378; Fax: +1-510-291-2985

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